

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 11, 1997

ALL COUNTY INFORMATION NOTICE I-13-97

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: REVISED POLICY FOR THE RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION FORM (SAWS 2A) USED IN THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), FOOD STAMP, MEDICAL AND STATE-RUN COUNTY MEDICAL SERVICES (CMSP) PROGRAMS

REFERENCE: ALL COUNTY LETTER (ACL) NO. 90-38 and NO. 96-64

This notice transmits simplified procedures for filing the SAWS 2A, Rights, Responsibilities and Other Important Information, in the client's file. The revised policy is provided in the Attachment and effective with the SAWS 2A (10/96) issued in ACL No. 96-64.

Also, attached is a revised Page 9 of the SAWS 2A (10/96) with the form number and revision date appearing at the bottom of the page. There are no other changes to the form. CWDs that have already ordered camera-ready copies may order a new Page 9 by calling the number listed below. Counties also may insert "SAWS 2A (10/96)" onto Page 9 of their forms.

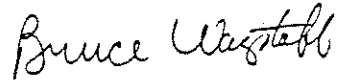
CONTACTS

If you have any questions or need further information, please contact the following staff regarding the specific program areas:

- SAWS 2A: Jan DeSilva (916) 657-2314 or CALNET at 437-2314;

- Camera-ready copy of the English and Spanish translations: Forms Management Bureau at (916) 657-1907 or CALNET at 437-1907.

Sincerely,

A handwritten signature in cursive script that reads "Bruce Wagstaff".

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachment

ATTACHMENT

All County Letter (ACL) No. 90-38 required County Welfare Departments (CWDs) to retain a complete copy of the SAWS 2A, Rights, Responsibilities and Other Important Information, in the client's file. CWDs now have the option of retaining only the signed last page of the SAWS 2A in the client's file, rather than a complete copy of the SAWS 2A. The signed last page (Page 9 of the 10/96 version), which includes the Certification Section, must have the form number and the appropriate version date on the bottom of the page. If a CWD chooses to retain only Page 9 of the SAWS 2A in the client's file, the CWD must also retain a complete copy of each revision of the SAWS 2A in the CWD's file for fraud prosecution and state hearing purposes.

To facilitate this option, the 10/96 version of the SAWS 2A will be produced with two original signature pages (Page 9s). CWDs must have the client sign both original copies of Page 9. The CWD then provides the client with the complete, signed copy of the SAWS 2A and retains the remaining signed Page 9 in the case folder. This change in policy does not preclude CWDs from choosing to maintain a complete copy of the SAWS 2A in the case folder.

No change to the translated versions are necessary, as within the last few months the Language Services Bureau began adding the form number, revision date, and specific language (Spanish, Vietnamese, Cambodian, and Chinese) onto each page.

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or food stamps.

Disqualification Penalties

Cash Aid and Food Stamps

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or food stamp overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, your cash aid can be stopped for 6 months for the first violation, 12 months for the second, and forever for the third. And you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

If you file two or more applications for cash aid at the same time or give the county false proof for an ineligible child or for a child that does not exist, your cash aid can be stopped for 2 years, 4 years, or forever.

FOOD STAMP ONLY

If your household receives food stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell food stamps, Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.
- Don't use someone else's food stamps, ADs, or issuance cards for your household.

Food Stamps Penalties

If you do not follow food stamp rules, your food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And you may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

If you are found guilty in any court of law because:

- you traded or sold food stamps for firearms, ammunition, or explosives, your food stamps can be stopped forever for the first violation;
- you traded or sold food stamps for controlled substance, your food stamps can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold food stamps that were worth \$500 or more, your food stamps can be stopped forever;
- you filed two or more applications for food stamps at the same time and gave the county false identity or residence information, your food stamps can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION

- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/State CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A).
- I also certify that, if I applied for or get Cash Aid, I got copies of the Lump Sum Notice and the GAIN Informing Notice (GAIN 53). **The Importance of the Lump Sum Rules was explained to me.**
(APPLICANT/RECIPIENT'S INITIALS)
- I also certify that if I applied for Medi-Cal/State CMSP, I got a copy of the MC 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or food stamps, and/or share of cost for Medi-Cal/State CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A)
- For Cash Aid: the Lump Sum Notice and the Gain Informing Notice (GAIN 53). The importance of the Lump Sum Rule was explained to him/her.
- For Medi-Cal/State CMSP: the MC 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/State CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date